



Thank you for your membership interest in the Indiana HIV PREVENTION COMMUNITY PLANNING GROUP.

The Centers for Disease Control and Prevention (CDC) states that, “The primary task of the Community Planning Group is to develop a Comprehensive HIV Prevention Plan for the state of Indiana that includes prioritized target populations and set of prevention activities and interventions for each targeted population. The following information will provide the framework and brief overview of Indiana’s community participatory planning process as well as how the Indiana Community Planning Group carries out the mandates set forth by the CDC.

GOALS OF THE COMMUNITY PLANNING GROUP PROCESS

1. HIV community planning is required to support broad-based community participation in HIV prevention planning.
2. Community planning identifies priority HIV prevention needs (a set of priority target populations and interventions for each identified target population) in each jurisdiction.
3. Community planning ensures that HIV prevention resources target priority populations and intervention set forth in the comprehensive HIV prevention plan.

Once again, thank you for your interest in the Indiana HIV Prevention Planning Group (CPG), your application will be reviewed by the membership committee and we will contact you when the application process is completed.

Sincerely,
CPG Membership Committee

Instructions for submitting Application/Re-application form:

1. Print out the form
2. Type or print on the form completing all requested information
3. Fax the completed form to CPG Coordinator at (317) 233-7663

OR

4. Mail the completed form to:

CPG Coordinator
2 N. Meridian Street, 6-C
Indianapolis, IN 46204

Indiana HIV Prevention Community Planning Group

- **Member Re-Application**
- **Membership Application**
- **Technical Advisor Application**

Please type your responses or print CLEARLY using black ink.

Confidentiality: All efforts will be made to keep information shared by applicants and participants confidential. Completed applications are reviewed only by the Membership Committee and not shared with the public or the CPG body as a whole. Applications from applicants who are not selected to serve on the Planning Group will be assessed to become Community Technical Advisors or will be shredded.

Representation: The Indiana HIV Prevention Community Planning Group (CPG) consists of representatives from populations most affected by HIV. The CPG seeks members that will bring to the table different perspectives and expertise on wide variety of experiences including direct life experiences. The Indiana CPG seeks representatives with a background in behavioral or social science, health planning, evaluation, local health departments, researchers, substance use, mental health, education, corrections/criminal justice, medical providers, and faith leaders.

CONTACT INFORMATION:

Name: _____

Address: _____

Town and Zip Code: _____

E-mail: _____

Day Phone: (_____) _____ Fax: (_____) _____

Evening Phone: (_____) _____ Fax: (_____) _____

Cellular Phone: (_____) _____

Current Employment:

Current Place of Employment: _____

Job Title/Position: _____

Work Address: _____

Work Phone: (_____) _____ Work Fax: (_____) _____

Email: _____

DEMOGRAPHIC INFORMATION:

Sex: (please check one)

- ☐ Female ☐ Male
☐ Transgender (please check one) ☐ Male to female ☐ Female to male

Age: (Please Check One)

- ☐ 13 – 24, if under 25, please write
your age here _____ ☐ 30 – 39
☐ 25 – 29 ☐ 40 – 49
☐ 50 – over

Race/Ethnicity: (Please Check One)

- ☐ Asian ☐ American Indian
☐ Pacific Islander/ Native Hawaiian ☐ White (non-Hispanic)
or Other ☐ African-American
☐ Hispanic/Latino Other _____
☐ Alaska Native

Community of Employment/Residence: (Please specify, work & residence)

Region: work _____ reside _____
(Please see listing attached)

County: residence _____ since _____ (year)

County: work _____ since _____ (year)

Why do you want to serve on the Indiana CPG? What are your skills?

How did you hear/find out about CPG?

Who referred you to apply for the CPG?

REPRESENTATION:

Applicant Identity Information? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Men who have sex with men (MSM) | <input type="checkbox"/> Heterosexual men engaging in high risk behavior |
| <input type="checkbox"/> Persons living with HIV / AIDS | <input type="checkbox"/> Ethnic minorities disproportionately impacted by HIV |
| <input type="checkbox"/> Incarcerated individuals | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> High-risk youth | |
| <input type="checkbox"/> Injection drug users (IDU) | |
| <input type="checkbox"/> Heterosexual women engaging in high risk behavior | |

Groups you professionally serve? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Men who have sex with men (MSM) | <input type="checkbox"/> Heterosexual men engaging in high risk behavior |
| <input type="checkbox"/> Persons living with HIV / AIDS | <input type="checkbox"/> Ethnic minorities disproportionately impacted by HIV |
| <input type="checkbox"/> Incarcerated individuals | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> High-risk youth | |
| <input type="checkbox"/> Injection drug users (IDU) | |
| <input type="checkbox"/> Heterosexual women engaging in high risk behavior | |

Professional background, training and/or experience:

- | | |
|--|--|
| <input type="checkbox"/> Behavioral or social science | <input type="checkbox"/> Health care provider |
| <input type="checkbox"/> Health planning or administration | <input type="checkbox"/> Corrections/Criminal Justice |
| <input type="checkbox"/> Program evaluation | <input type="checkbox"/> Community Based Organization/Services |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Faith Leader |
| <input type="checkbox"/> Substance use/abuse | <input type="checkbox"/> None of the above |

Other Life and/or Work Experience: (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Academic/Education | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Business | <input type="checkbox"/> Low Income Services |
| <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Medical/Health |
| <input type="checkbox"/> Correctional System | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Multicultural Issues |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Education System | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Faith-based | <input type="checkbox"/> State Government |
| <input type="checkbox"/> Gay/Lesbian/Bi/Trans Issues | <input type="checkbox"/> STD Clinic |
| <input type="checkbox"/> Harm Reduction/Needle Exchange | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> HIV/AIDS Advocacy | <input type="checkbox"/> Traditional Healer |
| <input type="checkbox"/> HIV/AIDS Care | <input type="checkbox"/> Woman's/Family Issues |
| <input type="checkbox"/> HIV/AIDS Prevention | <input type="checkbox"/> Youth Organization |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Other _____ |

Please indicate if you have a background or training in the following fields.

☐ Advisory Boards (Please list what boards) _____

☐ Bachelor Degree
☐ Master / Doctorate Degree

(Be specific about your background, training, or experience in the following)

☐ Behavioral Science
☐ Community Organizing
☐ Epidemiology
☐ HIV Prevention Community Planning
☐ HIV Prevention Outreach, Counseling, or Education

☐ HIV Prevention Training/Certification
☐ Meeting Facilitation
☐ Health Care Planning (specify)
☐ Program Evaluation
☐ Grant Management
☐ Other (specify)

MEMBER REAPPLICATION SECTION:

When were you 1st appointed on CPG? (year) _____

What committees have you served? _____

What committees have you chaired? _____

Have you served as a community co-chair? Yes / No. If yes, when? _____

What years have you served on the Indiana CPG? _____

AGREEMENT TO SERVE:

Please read each of the following. Check each box to indicate that you understand and agree to serve, and then sign below. If you have any questions, please call: CPG Program Liaison, at the Indiana HIV/STD Program, at (317) 233- 7483 or Fax (317) 233-7663.

- ☐ I am able to attend 6 meetings a year, as well as participate in necessary teleconferences, sub-committee work group meetings / conference calls, and travel within Indiana to meet the responsibilities of serving on the CPG. (Travel and lodging expenses to attend scheduled CPG meetings can be reimbursed by the CPG Program.)
- ☐ If appointed to the CPG, I am willing to volunteer for at least two-year term.
- ☐ I give permission to share any of the information I have provided in this application with the CPG Membership Committee for the sole purpose of membership selection.

Signature _____ Date _____

**Thank you for your time and interest in the
Indiana HIV Prevention Planning Group!**

Indiana HIV Prevention Community Planning Group Regions

<p>Region 1 Lake Laporte Porter</p> <p>Region 2 Elkhart Fulton Marshall Pulaski Saint Joseph Starke</p> <p>Region 3 Adams Allen DeKalb Huntington Kosciusko Lagrange Noble Steuben Wabash Wells Whitley</p> <p>Region 4 Benton Carroll Clinton Fountain Jasper Montgomery Newton Tippecanoe Warren White</p>	<p>Region 5 Blackford Cass Delaware Grant Howard Jay Madison Miami Randolph Tipton</p> <p>Region 6 Boone Hamilton Hancock Hendricks Johnson Marion Morgan Shelby</p> <p>Region 7 Clay Daviess Dubois Greene Gibson Knox Martin Parke Perry Pike Posey Putnam Spencer Sullivan</p>	<p>Vanderburgh Vermillion Vigo Warrick</p> <p>Region 8 Bartholomew Brown Lawrence Monroe Owen</p> <p>Region 9 Dearborn Decatur Fayette Franklin Henry Ohio Ripley Rush Union Wayne</p> <p>Region 10 Clark Crawford Floyd Harrison Jackson Jefferson Jennings Orange Scott Switzerland Washington</p>
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